STATE OF NEW HAMPSHIRE



PLEASE PRINT

2018 Statement of Income and Expenses for LOBBYISTS

(RSA Chapter 15)

RECEIVED

JUL 0 2 2018

III. Name of lobbyist's partnership, firm or corporation, if any: APS CME
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(617) 367 - 4045 (Telephone) (617) 367 - 6031 (Fax) e-mail mmaling an Eure 93.079 III. This statement covers: (Choose one – file separate reports for each client, OR you may file a separate report for reportable expense transactions which are not attributable to any one client). All reportable transactions occurring in the months prior to the reporting date relative to the following client: AFSCME Council 93 (Full Name of Client as it appears on the Lobbyist Registration Form) OR All reportable transactions by the lobbyist (including the lobbyist's family), or the lobbying firm listed below which are unrelated to any particular client. IV. Date of Report April 25, 2018 October 31, 2018 July 25, 2018 January 30, 2019 January 30,
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V. There have been no fees received and no reportable transactions made since the last report. $$ If this box is checked, complete just this form and submit it to the Secretary of State's Office, State House, Room 204, Concord, NH 03301.
VI. Check if additional reports are attached:
☐ If you have received fees or made expenditures, you must file Addendum A- Fees and Expenses
If you have paid an honorarium or reimbursed expenses, you must file Addendum B - Report of Honorariums or Expense Reimbursement
☐ If you, your firm, or your family has made political contributions, you must file Addendum C- Political Contributions
Sworn Statement/Affirmation by Lobbyist I have read RSA 15, RSA 15-B, RSA 14-C and RSA 664 and hereby swear or affirm that the foregoing information is true
and complete to the best of my knowledge and belief.
Milly Maloney
(Signature of lobbyist) (Date)
(Print Name of lobbyist)